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Take Time To Care

for yourself...for those who need you

www.fda.gov/womens/pubs.html

www.medicare.gov/AssistancePrograms



CMS Pub. No. 11085

My Medicines



Take Time To Care
for yourself...for those who need you

USE MEDICINES WISELY

About 30% to 50% of those who use medicines do not use them as directed. This causes more doctor visits, hospital stays, lost wages and changed prescriptions. All this costs Americans as much as \$76.6 billion each year.

Take time to care about your medicines. Be sure to read the label, avoid problems, ask questions and keep a record.

1. READ THE LABEL

Before you take any medicine, read the label. The label should show:

List of ingredients—If you know you are allergic to anything in the medicine, don't use it. Ask your doctor or pharmacist for a different medicine.

Warnings—Read these carefully.

Expiration date—Do not use a medicine after the date on the bottle. It may not work as well.

2. AVOID PROBLEMS

Medicines can cause problems, or side effects; such as sleepiness, vomiting, bleeding, headaches or rashes. Ask about the side effects of the medicines you are taking. Talk with your doctor, pharmacist, or nurse.

- **Organize your medicines.**
- **Do not skip taking your medicines.**
- **Do not share medicines.**
- **Do not take medicine in the dark.**

For more information about your medicines, ask your pharmacist.

3. ASK QUESTIONS

- What is the medicine’s name?
- Is there a generic available?
- Why am I taking this medicine?
- When should I take it?
- Should I take this on an empty stomach or with food?
- Is it safe to drink alcohol with it?
- If I forget to take it, what should I do?
- How long am I to take it?
- How much should I take?
- What problems should I watch for?

If you are pregnant or nursing a baby, seek the advice of a health professional before taking any medication or diet supplement. Talk with your doctor, pharmacist or nurse. She/he will be happy to help you.

List any allergies_____

Doctor_____

Phone number_____

4. KEEP A RECORD OF MEDICINES YOU USE

Check boxes for the ones you use:

- ☐ Aspirin or other pain/headache/fever medicine
- ☐ Allergy medicine
- ☐ Antacids
- ☐ Cold medicine
- ☐ Cough medicine
- ☐ Diet pills/Supplements
- ☐ Laxatives
- ☐ Sleeping pills
- ☐ Vitamins
- ☐ Minerals
- ☐ Herbals
- ☐ Others_____

Name:_____

List Your Prescription Medicines

Name of My Medicine	What Do I Use It For	How Much Do I Take	When Do I Take It	Cost Each Month (\$)

Keep this with you and show it to your doctors, pharmacist or nurse.

For questions about Medicare, call 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov on the web.